

# Science with Miss "Jet"

## Razzle Dazzle Chemistry Class



***AGES 6-12***

What does it matter? Solids, liquids or gases? Discover the chemistry all around us and explore the fizzy and colorful world of acids and bases.

Sign up quick and reserve your very own seat at the periodic table!

**When:** Saturday, November 10, 2012 from 10am-11am  
@ Studio in the Park at Waid Park

**OR**

Thursday, December 13, 2012 from 6pm-7pm  
@ The Franklin Center

**Deadline to Register:** One Week Prior to Class

**Cost:** \$13.00 per student

**To register:** Fill out the back of this form and mail registration fee to:

Franklin County Parks & Recreation  
2150 Sontag Road  
Rocky Mount, VA 24151  
540-483-9293 office 540-483-0040 fax  
[www.franklincountyva.gov/parks](http://www.franklincountyva.gov/parks)



**Please call Jeanette Lawler, instructor,  
540-334-2546 for more information.**

**Franklin County Parks and Recreation Registration  
and Liability Waiver Form – 2012 Razzle Dazzle Chemistry Class**

**Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**PLEASE CIRCLE:**

**NOVEMBER CLASS**

**DECEMBER CLASS**

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and to be used in any form of publication to promote Franklin County Parks and Recreation.**

**Signature of Parent / Guardian** \_\_\_\_\_  
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

\_\_\_\_\_

Current medications that participant is taking now:

\_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_